

TRANSMITTAL SLIP		DATE <i>8 -</i>
TO: <i>Gen. Bacalis, D/OSA</i>		
ROOM NO.	BUILDING	
REMARKS: <i>F.Y.I.</i> <i>EO/SA</i> <i>JD</i> <i>JD</i> <i>Will discuss at next OSA</i> <i>Staff meeting.</i>		
FROM: <i>EO/DD/SA T</i>		
ROOM NO.	BUILDING	EXTENSION

FORM NO. 241
1 FEB 55

REPLACES FORM 36-8
WHICH MAY BE USED.

(47)